

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 0050650  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		2		1		
5		2		1		
6		2		1		
7		2		1		
8		2		1		
9		2		1		
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11		2		1		
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15		2		1		
16		2		1		
17		2		1		
18		2		1		
19		2		1		
20		2		1		
21	1	2	1			
22		1		1		
23		2		1		
24		2		1		
25	1	1	1			
26		1		1		
27		2		1		
28	1	2		1		
29		2		1		
30	1			1		
31	1			1		
32	1			1		
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49						
50						
TOTAL IND.	1	5	1			
TOTAL DEP.		23		1		
TOTAL CLAIMS		28		1		

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

PTO-1360 (3-78)

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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